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REPORT OF FOLLOW-UP SUPERVISION AFTER TRAINING ON COMPREHENSIVE COUNCIL HEALTH PLANS,

DECEMBER 13-17, 2010, IRINGA REGION

December 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by Dr. Conrad Mbuya and Ms. Mary P. Kasonka for the Wajibika project.

Recommended Citation: Mbuya, Conrad and Mary P. Kasonka. December 2010. *Report of Follow-up Supervision After Training on Comprehensive Council Health Plans, December 13-17, 2010, Iringa Region.* Bethesda, MD. Wajibika project, Abt Associates Inc.

Contract No.: GHH-I-00-07-00064-00

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ACRONYMS

CCHP	Comprehensive Council Health Plans
CHMT	Council Health Management Team
RHMT	Regional Health Management Team
USAID	United States Agency for International Development

ACKNOWLEDGEMENTS

The Wajibika team would like thank USAID for the support provided to make this undertaking possible and Abt Associates staff for continued technical support. We also appreciate the continued collaboration we have enjoyed from the Regional Secretariat, with particular mention of the Regional Administrative Secretary, Ms. Gertrude Mpaka, and the Regional Medical Officer, Dr. Ezekiel Mpuya. Finally we wish to thank the Councils Directors, Council Health Management (CHMT), mentors, and facility in-charges for their commitment and cooperation while we interviewed them, and the readiness with which they made available to us documents required for review.

1. BACKGROUND

Wajibika Project seeks to improve both financial and programmatic accountability in the councils that it works in. Two of the Project's expected results state: "1) 80% of strengthened districts demonstrate ability to prioritize and plan so that the Comprehensive Council Health Plans (CCHP) reflect appropriate costs for HIV/AIDS prevention, care, treatment, OVC, reproductive health and family planning, and maternal and child health; 2) External sources of resources, including private and faith-based facilities, and other donors and organizations, are inventoried and included in planning and budgets, reflecting an ability to include all potential resources into plans for an effectively managed district." Wajibika conducted training for its Councils from October 4 through 12, 2010, as they embarked on the preparation of their FY 2010/11 CCHPs. Those trained included: facility in-charges, Council Health Management Teams (CHMT) and Regional Health Management Team members. This report describes the follow-up supervision provided by Wajibika officials to the Iringa Region councils to assess how useful the training had been. This supervision was provided from December 13 through 17, 2010, through key informant interviews guided by a checklist, and review of the councils' draft plan documents

The CCHP is a critical tool in the drive towards accountability for Local Government Authorities (LGA), also referred to as "Councils". The plan, if prepared in accordance with the guidelines, can guide district managers to invest resources in the areas that are most likely to yield best returns in the population's health. The CCHP guidelines stipulate that the plan should be "realistic, logical and linking the available resources with the health needs". Thus the proper preparation of this plan would be a big step forward in setting a framework within which Councils can demonstrate programmatic accountability. Wajibika aims to assist Councils to accomplish not only financial but also programmatic accountability.

The CCHP aims to bring together all health activities in a Council into one document which shows all resources available and their sources and who is implementing activities. It also takes into consideration the burden of disease in reviewing how resources have been allocated in order to make sure that the most important health issues have received adequate attention. This is the "comprehensive" in CCHP and is important in ensuring efficiency in resource allocation and use.

The Ministry of Health and Social Welfare (MOHSW) issued revised CCHP guidelines in 2010. Wajibika reviewed the draft document and provided comments. The Wajibika team is therefore fully conversant with the new guidelines and is working with Ministry of Health to make sure that the new guidelines are adhered to by the Councils within the project's portfolio.

The councils initially trained included: Iringa Municipal Council; Iringa District Council; Kilolo, Ludewa, Makete, Mufindi, and Njombe District Councils; and Njombe Town Council. After this training, each health facility was required to develop a 2011/12

annual plan by mid-December 2010 and submit it to the CHMT to be compiled into the year's CCHP.

2. SUMMARY OF ACTIVITIES AND FINDINGS

The December follow-up supervision was provided to the CHMT and to health center and dispensary in-charges, to check on their progress with the early stages of CCHP planning. A particular focus was to assess the support provided to the dispensary and health center staff by the CHMT and the mentors. The Wajibika staff also used the supervision as a means to support both the CHMT and the health facility in-charges in developing draft plans for their facilities.

The supervision team consisted of Ms. M. Kasonka and Dr. C. Mbuya, both from the Wajibika head office, and Ms. D. Ngata and Mr. J. Kinigu, from the office of the Regional Medical Officer. The team worked very closely with members of the CHMT and health facility in-charges.

The findings from this post-training supervision were mixed as shown below:

1. All eight councils' health facility in-charges were aware of the need to develop health facility plans for 2011/12.
2. Some health facilities have already submitted their 2011/12 plans to the CHMT, though the number of plans submitted varies a great deal between councils ranging from 3 out of 35 plans in Makete to 23 out of 23 plans in Kisarawe District Council . Some of the remotely located dispensaries had even submitted well prepared typed and bound plans to the CHMT—for example, the Idete and Isalavanu dispensaries in Mufindi district council.
3. It appears that the mentors and CHMT did not provide adequate support to the health facility In-Charges for the preparation of the 2011/12 plans. The CHMT also did not supply a budget ceiling for the facilities to use in preparing their annual plan.
4. Health facility in-charges and other health workers lacked the team spirit needed to share the knowledge and skills in planning that they had acquired during the training, and this led to delays in preparing the plans.
5. Some Councils (e.g., Makete) have no means of transport for supervision and follow-
6. Health facilities are still being run by staff who are either under-qualified or simply unqualified, and this makes planning difficult to impossible in the absence of back-stopping from the CHMT and mentors.
7. The health facility in-charges are often absent from the facility, attending seminars, trainings and workshops. This very absence makes it hard for them to implement what they learned from the seminars and workshops. Other health facility in-charges were either transferred, or left to undertake further studies,

without properly handing over their duties to others, including their responsibilities for planning.

8. From the submitted plans it is apparent that stakeholders (the Facility Governing Committee, nongovernmental organizations and Community-Based Organizations) have not been adequately involved in the planning process as evidenced by the attendance list.
9. Some health facilities in some councils prepared 2009/10 plans that, unfortunately, were not funded, and no feedback was provided; as a result, these facilities had no motivation for developing a plan for 2010/11.
10. Most of the submitted facility plans do not adhere to the eleven CCHP priority areas; rather, they focus on construction and renovation of buildings
11. The CHMT is not adhering to the guideline timetable for development of the CCHP. This is in part because basket funds for the year 2010/11 were not released until November 15, 2010, in the second quarter of the year.

3. RECOMMENDATIONS

Now that the CHMT has received Basket Funds, in collaboration with the mentors, they should provide close supervision to the health facilities to ensure that plans are prepared and submitted before the end of December 2010. The CHMT should use the Council Health Services Board and other stakeholders (nongovernmental organizations, Regional Administrative Secretary (RAS), and Community-Based Organizations) to determine what the community really needs, so that this can be incorporated into the CCHP. Councils should make vehicles available to the CHMT for supervision and follow-up.

The CHMT should provide a budget ceiling to the health facility in-charges, and should encourage information-sharing among health workers after any training, workshop and seminars. Seminars and training targeted to health facilities should provide equal opportunities to all health workers at the facility for participation, rather than targeting only the in-charges. Lastly, the 11 health sector priority intervention areas should be made available to all health facilities, and so should the health indicators, in order to guide their planning process.

ANNEX. WAJIBIKA POST-CCHP PRE-PLANNING PREPARATIONS TRAINING FOLLOW-UP SUPERVISION TOOL (CHECKLIST):

1. Region_____2. Council _____ Date_____

3. Name of facility _____ 4 Name of Facility in-charge

_____

5. Names of supervisor(s) _____

Purpose: To conduct post training supervision to CHMTs, Health Centre and Dispensary in- charges to assess the progress of the CCHP planning process

Objectives:

1. To assess the progress of the dispensary and health centre draft plans
2. To assess the support provided to the Dispensary and Health centre staff by the CHMTs, Mentors and RHMTs
3. To provide technical support to both CHMTs and Health facility in-charges on the development of the draft facility plans

Instructions: For closed questions insert the letter "Y" if the answer is "YES" and "N" if the answer is "NO". For open question fill in the blanks and qualify with a remark if necessary. At the end please provide your general observation. If you have more information provide it at the back of this paper.

Area of Assessment	Source of information	Y/N	Remarks
Assess the status of development of Health facility plan			
Has the health facility started the process of developing the health facility (HF) plan?	Draft HF plan	Y/N	
	Interview with key staff	Y/N	
If the process has started, is there work schedule (activity plan)?	Activity-plan	Y/N	
	Draft HF plan	Y/N	
If the process has not started, what is the problem?	Interview with key staff		
What support did you expect to get from the CHMT, Mentor?	Interview with key staff		
Have you received the support you expected from the CHMT, mentor/RHMT?	Interview with key staff	Y/N	
Do you think you are on schedule in the development process of the CCHP	Interview with key staff	Y/N	

Assess the different components of the plan	
a Situation analysis	
b. Problem identification and prioritization	
c Priority areas	
d Source of funds	
e Budget and budgeting process	
f Plan of action	
What challenges if any, regarding the plan development process?	**What do you think are the possible solutions?**
A	
B	
C	
D	
E	

Agreed way forward

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